

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 25-SEP-2015	TIME 21:04:00	2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651	3. LOCATION CODE 290	4. BEAT/OCCUR 1112				
	5. POSITION 9161	6. LAST NAME SEHNER	7. FIRST NAME ERIC M	8. STAR NO. 11641	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT. 170
	14. DATE OF APPT. 02-JUL-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1121	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME ANDERSON	21. FIRST NAME JAMES	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. C.O.B. [REDACTED]	26. HT. 510	27. WT. 150	
	[REDACTED]	28. TELEPHONE NO. [REDACTED]	29. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT	30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 00000000	38. IR NO. [REDACTED]	39. DNA [REDACTED]			

REASON FOR USE OF FORCE (Check all that apply)	38. DNA							
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT/ASSAULT			
	SUBJECT'S ACTIONS		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	
MEMBER'S RESPONSE	DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>						USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>						WEAPON <input type="checkbox"/>	
	OTHER _____						OTHER _____	
	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____		FIREARM <input type="checkbox"/>	
	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		OTHER _____		OTHER _____	
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____			
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Deployed) <input type="checkbox"/>		OTHER _____			
OC/CHMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>		OTHER ACTIVATED ARC SWITCH <input type="checkbox"/>		OTHER _____				
OTHER _____								

39. BIOCHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION								
<input type="checkbox"/> DNA POSITION <input type="text"/> STAR NO. <input type="text"/> UNIT											
41. WEAPON TYPE		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> 01 Indoors <input type="checkbox"/> 02 Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO. C6200AT6W, C6200AT4N		50. WEAPON SERIAL NO. (Include Letters) ZZX3006DK		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 2		58. TOTAL ND. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARRY RIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. OTHER (Specify)			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5- 10 FT. <input type="checkbox"/> 03 10- 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

SIGNATURES	73. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M 26-SEP-2015 02:35:37	STAR/EMPLOYEE NO. 1462	SIGNATURE [REDACTED]	1438368
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
74. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPH D	STAR NO. 119	SIGNATURE [REDACTED]	DATE REVIEWED 26-SEP-2015 02:39:02	TIME [REDACTED] 27-28

CPD-11.377 (REV. 3/08)

STAR NO. **SIGNATURE**

SIGNATURE

DATE REVIEWED TIME
26-SEP-2015 02:39:02

LOOM.

LOG# 10-11
Attachment 14

WEAPON DISCHARGE INCIDENT

38 DNA	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 08 Good Artificial	44 WEATHER CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> CLEAR
	45 MAKE/MANUFACTURER C6200AT6W	46 MODEL	47 BARREL LENGTH	48 CALIBER/GAUGE
	49 TASER DART ID NO. ZZX3006DK	50. WEAPON SERIAL NO. (Include Letters)	51 CHICAGO GUN REG NO.	52. IL FIREARM OWNER ID. NO.
	53. SPECIAL WEAPON CERTIFICATE NO	55 PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2
	58. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	60. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 03 OTHER (Specify)	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	70. EVENT NO. 1526816271

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
Subject Deceased			

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer SEHNER acted in compliance with Department policy in that, Officer SEHNER deployed his Taser in fear of his, and his partners life after the offender rushed him and his partner holding 2 box cutters.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO./CRNO: 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) FLETCHER, CHRISTOPH D	SIGNATURE [REDACTED]	DATE COMPLETED 26-SEP-2015	TIME 02:42:56
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79. TOTAL TRR'S THIS EVENT NO.

4